

# Independent Resolutions Inc.

An Independent Review Organization

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**DATE OF REVIEW:** April 28, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of Discogram /CT L4-L5-1 of lumbar.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

New patient evaluation, 01/08/08

XR, 01/08/08

F/U visit, 01/28/08, 02/06/08, 03/04/08

MRI lumbar spine, 01/31/08

OP report, Dr. 02/26/08

XR lumbar spine, 03/17/08

Peer review, Dr. 03/18/08

Peer review, Dr. 03/27/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male with a date of injury xx/xx/xx. The claimant is a xxx that was working in a trade show when he was sliding some boxes right to left and injured his back. The claimant's 01/08/08 x-ray showed narrowing of L5-S1 level, less narrowing at L4-5. He had conservative treatment consisting of six physical therapy visits, and one

caudal epidural steroid injection which gave minimal relief. The treating physician referred the claimant for a surgical consult. The surgeon recommended that a discogram, CT of L4-5 of be done. Two peer reviews have been done on 03/18/08 by an orthopedic surgeon and on 03/27/08 by a Neuro surgeon. Both physicians have denied the request for the discogram, CT of L4-5 of the lumbar stating the claimant does not appear to be a surgical candidate based on medical information submitted.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Discogram CT at L4-5, L5-S1 does not appear to be reasonable or appropriate in this male.

He has had an MRI of his lumbar spine, which demonstrates disc loss of height, mild endplate spurring and moderate to severe, mild to moderate left neuroforaminal narrowing. Otherwise there is no disc herniation or central canal stenosis. There is no abnormal motion documented. The records do not indicate that the claimant has had a psychosocial evaluation as recommended by ODG criteria. The claimant does not appear to be a candidate for fusion surgery. Therefore, the Reviewer's medical assessment is that the discography is not appropriate or reasonable in this instance. Other diagnostic or therapeutic treatment should be considered first.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, (low back, discography)

Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion

**While not recommended above, if a decision is made to use discography anyway, the following criteria should apply:**

- o Back pain of at least 3 months duration
- o Failure of recommended conservative treatment including active physical therapy
- o An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection)
- o Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided)
- o Intended as a screen for surgery, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) ([Carragee, 2006](#)) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria.
- o Briefed on potential risks and benefits from discography and surgery
- o Single level testing (with control) ([Colorado, 2001](#))

o Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)